Mayor & Council of Berlin
10 William Street, Berlin, Maryland 21811
Phone 410-641-2770 Fax 410-641-2316
www.berlinmd.gov

REQUEST FOR IRRIGATION SYSTEM METERED WATER SERVICE

Applicant Name:	**Date:**
Phone:	**Email:**
Property Address: **Berlin, Maryland 21811**	

The applicant requests that the Town of Berlin Water Resources Department (Water Resources) install a water meter to measure the quantity of water used to supply an irrigation system, located at the below referenced address.

By signing below, the applicant acknowledges that they are authorized to submit the application and agrees to the following:

1. Water Resources shall provide the appropriate meter, determine location, and install the meter per item 2 below.
2. The Town of Berlin shall be reimbursed for all costs associated with supplying and installing the requested water meter. The total cost of installation shall include time and materials. The applicant/property owner will be provided an estimate of the cost and must approve prior to work being scheduled. Installation of the meter DOES NOT include connection to the sprinkler system.
3. The applicant/property owner is responsible for the connection of the sprinkler system to the meter. It is strongly recommended that a licensed plumber complete the connection.
4. Following connection and before activation and use of the sprinkler system, the applicant/property owner must contact WR to inspect the final connection.
5. The Town of Berlin reserves the right to inspect the meter and connections at any time.
6. The Town of Berlin, through the standard utility metering and billing system, will perform monthly meter readings and issue a monthly bill for the water service subject to all applicable conditions of such service, including, but not necessarily limited to, termination of service for non-payment.
7. All water service shall be subject to any specific water usage restrictions imposed by the Town from time to time.

Applicant Signature:	Date:

Complete page 2

☐Please check box if applicant **IS NOT** the property owner and complete information to the right. Property owner must approve installation.	Property Owner Name: _____ Phone Number: _____ Email: _____

For Office Use Only	
Meter installed on : _____ Meter identification information: _____ Connection inspected on: _____ Accepted ☐Yes ☐No Notes: _____ _____ _____ Billing Account information: _____	Finance Department: Invoice #: _____ Date: _____ Amount: $ _____ Payment Information (to be completed at Town Hall): Date: _____ Payment Method: ☐ Cash ☐ Credit Card ☐ Check #_____ Payment Received By: _____